

CREST VIEW

612 VIEW STREET

NEW LISBON

53950

Phone:(608) 562-3667

Ownership:

Non-Profit Corporation

Operated from 1/1 To 12/31 Days of Operation: 365

Highest Level License:

Skilled

Operate in Conjunction with Hospital? Yes

Operate in Conjunction with CBRF? Yes

Number of Beds Set Up and Staffed (12/31/02): 60

Title 18 (Medicare) Certified? Yes

Total Licensed Bed Capacity (12/31/02): 60

Title 19 (Medicaid) Certified? Yes

Number of Residents on 12/31/02: 59

Average Daily Census: 58

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.4
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		32.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		25.4
Day Services	No	Mental Illness (Org./Psy)	25.4	65 - 74	15.3			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	33.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.6	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	1.7		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	10.2	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	23.7		-----	RNs		18.7
Referral Service	No	Diabetes	3.4	Sex	%	LPNs		1.7
Other Services	No	Respiratory	3.4	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	32.2	Male	16.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	83.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
		Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%																		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	2	100.0	273	48	100.0	113	0	0.0	0	9	100.0	140	0	0.0	0	0	0.0	0	59	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		48	100.0		0	0.0		9	100.0		0	0.0		0	0.0		59	100.0

Admissions, Discharges, and Deaths During Reporting Period						Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

Percent Admissions from:						Activities of	%	% Needing Assistance of	% Totally	Total
						Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	9.8					Bathing	0.0	78.0	22.0	59
Private Home/With Home Health	0.0					Dressing	0.0	83.1	16.9	59
Other Nursing Homes	17.6					Transferring	22.0	54.2	23.7	59
Acute Care Hospitals	70.6					Toilet Use	16.9	55.9	27.1	59
Psych. Hosp.-MR/DD Facilities	0.0					Eating	50.8	42.4	6.8	59
Rehabilitation Hospitals	0.0					*****				
Other Locations	2.0					Continence		%	Special Treatments	%
Total Number of Admissions	51					Indwelling Or External Catheter		8.5	Receiving Respiratory Care	10.2
Percent Discharges To:						Occ/Freq. Incontinent of Bladder		32.2	Receiving Tracheostomy Care	0.0
Private Home/No Home Health	30.4					Occ/Freq. Incontinent of Bowel		16.9	Receiving Suctioning	0.0
Private Home/With Home Health	2.2					Mobility			Receiving Ostomy Care	1.7
Other Nursing Homes	2.2								Receiving Tube Feeding	0.0
Acute Care Hospitals	15.2					Physically Restrained		0.0	Receiving Mechanically Altered Diets	45.8
Psych. Hosp.-MR/DD Facilities	0.0					Skin Care			Other Resident Characteristics	
Rehabilitation Hospitals	0.0								Have Advance Directives	86.4
Other Locations	6.5					With Pressure Sores		3.4	Medications	
Deaths	43.5					With Rashes		0.0	Receiving Psychoactive Drugs	54.2
Total Number of Discharges										
(Including Deaths)	46									

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	87.4	1.11	85.1	1.14
Current Residents from In-County	89.8	84.3	1.07	76.6	1.17
Admissions from In-County, Still Residing	43.1	15.2	2.84	20.3	2.12
Admissions/Average Daily Census	87.9	213.3	0.41	133.4	0.66
Discharges/Average Daily Census	79.3	214.2	0.37	135.3	0.59
Discharges To Private Residence/Average Daily Census	25.9	112.9	0.23	56.6	0.46
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16
Residents Aged 65 and Older	100.0	91.8	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	81.4	65.1	1.25	67.5	1.21
Private Pay Funded Residents	15.3	22.6	0.67	21.0	0.73
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	25.4	31.3	0.81	33.3	0.76
General Medical Service Residents	32.2	21.8	1.48	20.5	1.57
Impaired ADL (Mean)*	51.2	48.9	1.05	49.3	1.04
Psychological Problems	54.2	51.6	1.05	54.0	1.00
Nursing Care Required (Mean)*	7.6	7.4	1.03	7.2	1.06